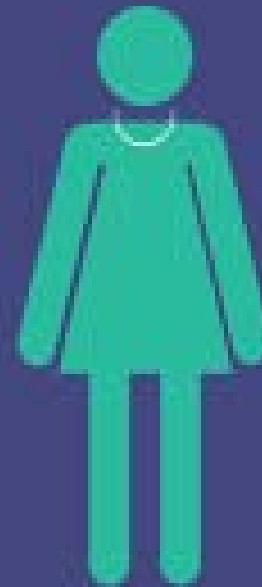


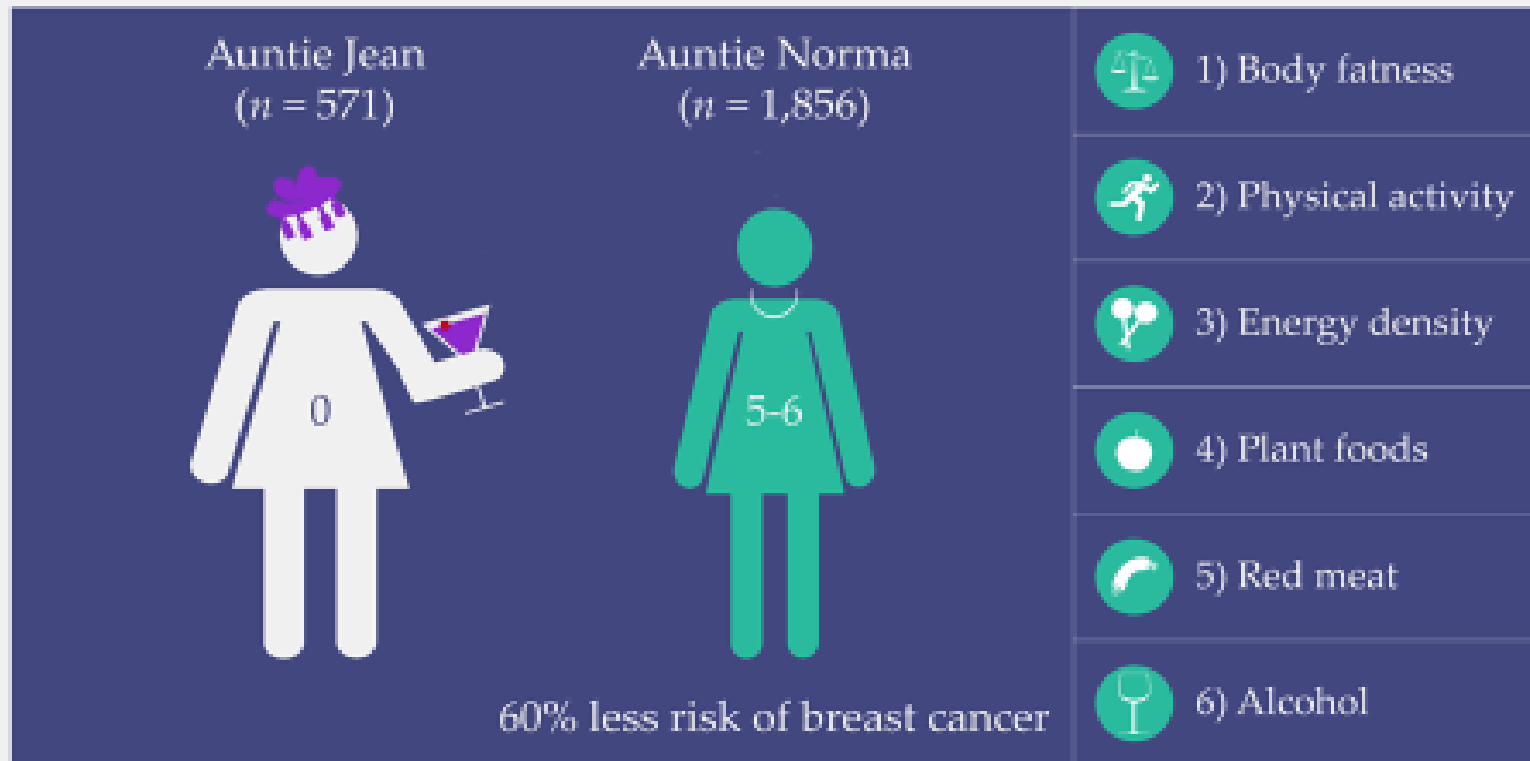
Auntie Jean



Auntie Norma



Compare an Auntie who met 5 to 6 recommendations with another meeting 0 recommendations ($n = 30,797$)



Adherence to WCRF/AICR Cancer Prevention Recommendations and Risk of Postmenopausal Breast Cancer
 Theresa A. Hastert, Shirley A.A. Beresford, Ruth E. Patterson, Alan R. Kristal, and Emily White
 Cancer Epidemiol Biomarkers Prev September 2013 22:1496-1508; Published OnlineFirst June 18, 2013; doi:10.1158/1075-9965.EPI-13-0210

EUROPEAN CODE AGAINST CANCER

12 ways to reduce your cancer risk

- 1 Do not smoke. Do not use any form of tobacco.
- 2 Make your home smoke free. Support smoke-free policies in your workplace.
- 3 Take action to be a healthy body weight.
- 4 Be physically active in everyday life. Limit the time you spend sitting.
- 5 Have a healthy diet:
 - Eat plenty of whole grains, pulses, vegetables and fruits.
 - Limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks.
 - Avoid processed meat; limit red meat and foods high in salt.
- 6 If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.
- 7 Avoid too much sun, especially for children. Use sun protection. Do not use sunbeds.
- 8 In the workplace, protect yourself against cancer-causing substances by following health and safety instructions.
- 9 Find out if you are exposed to radiation from naturally high radon levels in your home. Take action to reduce high radon levels.
- 10 For women:
 - Breastfeeding reduces the mother's cancer risk. If you can, breastfeed your baby.
 - Hormone replacement therapy (HRT) increases the risk of certain cancers. Limit use of HRT.
- 11 Ensure your children take part in vaccination programmes for:
 - Hepatitis B (for newborns)
 - Human papillomavirus (HPV) (for girls).
- 12 Take part in organized cancer screening programmes for:
 - Bowel cancer (men and women)
 - Breast cancer (women)
 - Cervical cancer (women).

The European Code Against Cancer focuses on actions that individual citizens can take to help prevent cancer. Successful cancer prevention requires these individual actions to be supported by governmental policies and actions.

Find out more about the European Code Against Cancer at: <http://cancer-code-europe.iarc.fr>



These recommendations are the result of a project coordinated by the International Agency for Research on Cancer and co-financed by the





Tobacco

Responsible for around 19%
of cancer cases

[http://www.cancerresearchuk.org/
health-professional/cancer-
statistics/risk/tobacco](http://www.cancerresearchuk.org/health-professional/cancer-statistics/risk/tobacco)

Estimates of cancer preventability by appropriate food, nutrition, physical activity, and body fatness in four countries

	USA	UK	BRAZIL	CHINA
Mouth, pharynx, larynx	63	67	63	44
Oesophagus	69	34	60	44
Lung	36	33	36	38
Stomach	47	45	41	33
Pancreas	39	15	34	14
Gallbladder	21	17	10	6
Liver	15	23	6	6
Colorectum	45	45	37	17
Breast	38	38	28	20
Endometrium	70	44	52	34
Prostate (advanced)	11	9	N/A ³	N/A ³
Kidney	24	19	13	8
Total for these cancers combined	34	39	30	27
Total for all cancers	24	26	19	20

Around one quarter of all cancers estimated avoidable through appropriate food, nutrition and physical activity



If there was a drug that reduced bowel cancer risk by **45% (reduced by 19000 cases per year)**

- a) No known side effects
- b) Decreased risk of heart disease and diabetes

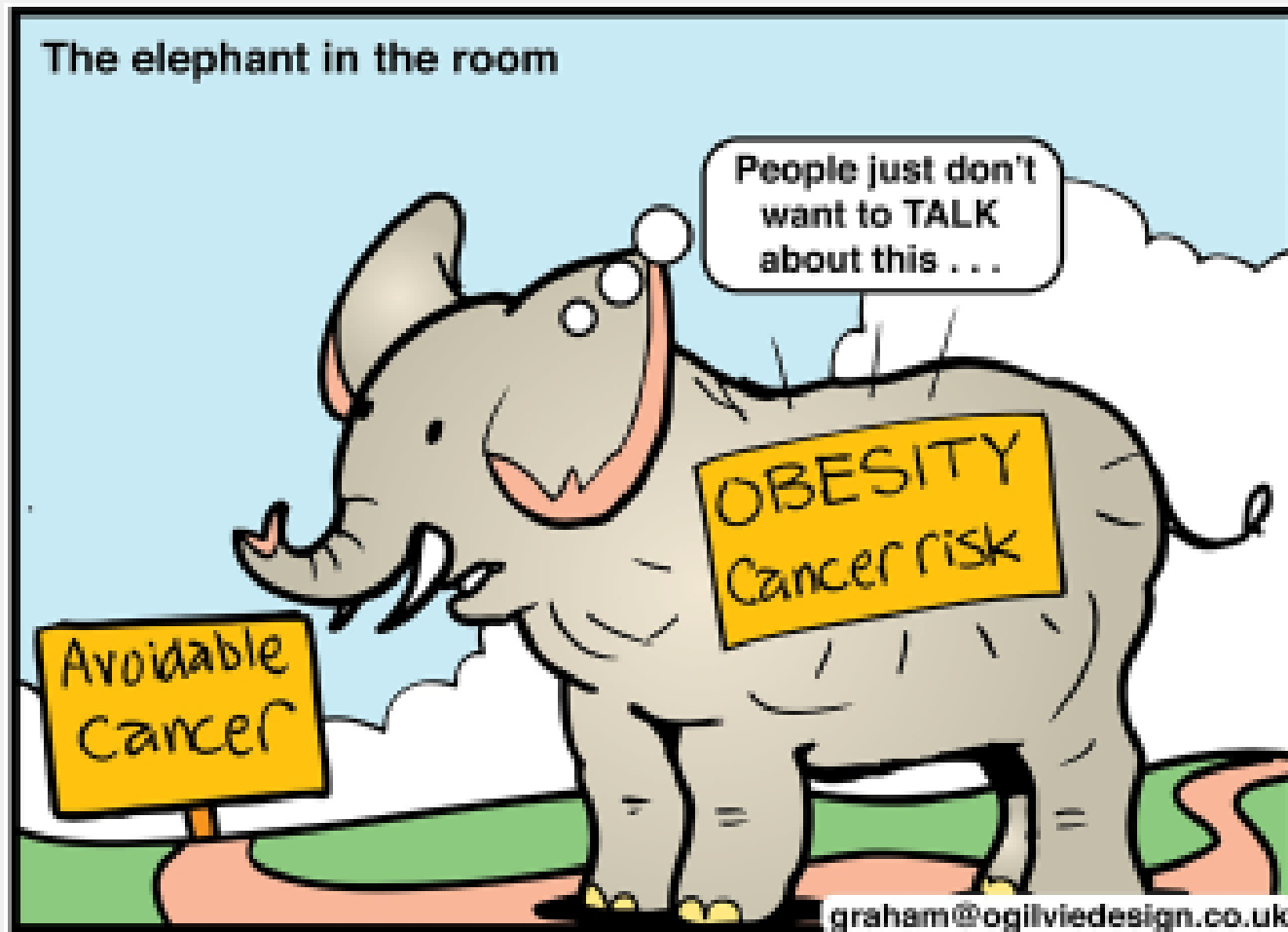
What would we do?

Should we tell people about potential for risk reduction ?

Cancer - how many cases in the UK could be prevented if everyone was a healthy weight?



Type of cancer	(%)	Number
Oesophagus (adenocarcinoma)	32	1,700
Pancreas	15	1,400
Gallbladder	17	300
Bowel	14	6,000
Breast	16	6,900
Womb	38	3,300
Kidney	19	2,100
Ovary	4	280
Prostate (advanced)	9	940
Liver	20	1,100
Stomach (cardia)	19	660
Total for 11 cancers combined	17	24,700



ORIGINAL INVESTIGATION

The Influence of Physician Acknowledgment of Patients' Weight Status on Patient Perceptions of Overweight and Obesity in the United States

Robert E. Post, MD, MS; Arch G. Mainous III, PhD; Seth H. Gregorie, BS; Michele E. Knoll, MA; Vanessa A. Diaz, MD, MS; Sonia K. Saxena, MD

When people were told they were overweight or obese:

- More likely to have realistic perception of own weight
- Desire to lose weight
- Made recent attempts at weight loss

Bariatric Surgery and the Risk of Cancer in a Large Multisite Cohort

Daniel P. Schauer, MD, MSc, Heather Spencer Feigelson, PhD, MPH,† Corinna Koebnick, MSc, PhD,‡
Bette Caan, DrPH,§ Sheila Weinmann, PhD, MPH,¶ Anthony C. Leonard, PhD,|| J. David Powers, MS,†
Panduranga R. Yenumula, MD,§ and David E. Arterburn, MD, MPH***

Annals of Surgery, 2017

Compared to matched controls the risk of patients undergoing bariatric surgery (n=22,198) developing:

Any cancer	HR 0.67 (CI 0.60 to 0.74)	p<0.001
Post menopausal breast	HR 0.58 (CI 0.44 to 0.77)	p<0.001
Colon cancer	HR 0.59 (CI 0.37 to 0.97)	p = 0.04
Endometrial cancer	HR 0.50 (CI 0.37 to 0.67)	p< 0.001
Pancreatic cancer	HR 0.46 (CI 0.22 to 0.97)	p = 0.04

ORIGINAL REPORTS | Gynecologic Cancer

Intentional Weight Loss and Endometrial Cancer Risk

[Juhua Luo](#) , [Rowan T. Chlebowski](#), [Michael Hendryx](#), [Thomas Rohan](#), [Jean Wactawski-Wende](#), [Cynthia A. Thomson](#),

[Show More](#)

<https://doi.org/10.1200/JCO.2016.70.5822>

Women who lose at least 5% of their body weight, especially if obese, are much less likely to develop womb cancer (HR, 0.44; 95% CI, 0.25 to 0.78).

Equally weight gain of >10% increases the risk.

What do the SCPN do ?



Evidence for cancer risk reduction



VOLUME 33 · NUMBER 31 · NOVEMBER 1 2015

JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Obesity, Aspirin, and Risk of Colorectal Cancer in Carriers of Hereditary Colorectal Cancer: A Prospective Investigation in the CAPP2 Study

Mohammad Movahedi, D. Timothy Bishop, Finlay Macrae, Jukka-Pekka Mecklin, Gabriela Moeslein, Sylviane Olschwang, Diana Eccles, D. Gareth Evans, Eamonn R. Maher, Lucio Bertario, Marie-Luise Bisgaard, Malcolm G. Dunlop, Judy W.C. Ho, Shirley V. Hodgson, Annika Lindblom, Jan Lubinski, Patrick J. Morrison, Victoria Murlay, Raj S. Ramesar, Lucy Side, Rodney J. Scott, How J.W. Thomas, Hans F. Vasen, John Burn, and John C. Mathers

Listen to the podcast by Dr Meyerhardt at www.jco.org/podcasts

Author affiliations appear at the end of this article.
Published online ahead of print at www.jco.org

A B S T R A C T



World Cancer Research Fund International



CUP Continuous Update Project

Analysing research on cancer prevention and survival



Published OnlineFirst June 23, 2016; DOI: 10.1158/1055-9965.EPI-16-0121

Review

Adherence to Diet and Physical Activity Cancer Prevention Guidelines and Cancer Outcomes: A Systematic Review

Lindsay N. Kohler¹, David O. Garcia¹, Robin B. Harris^{1,2}, Eyal Oren¹, Denise J. Roe^{1,2}, and Elizabeth T. Jacobs^{1,2,3}

Cancer Epidemiology, Biomarkers & Prevention

Abstract

Many studies have reported that adherence to health promotion guidelines for diet, physical activity, and maintenance of healthy body weight may decrease cancer incidence and mortality. A systematic review was performed to examine associations between adherence to established cancer prevention guidelines for diet and physical activity and overall cancer incidence and mortality. *Pub Med, Cochrane, Scopus, and Embase* guidelines was consistently and significantly associated with decreases of 10% to 61% in overall cancer incidence and mortality. Consistent significant reductions were also shown for breast cancer incidence (19%–60%), endometrial cancer incidence (23%–60%), and colorectal cancer incidence in both men and women (27%–52%). Findings for lung cancer incidence were equivocal, and no significant relationships were found


The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL REPORT

Body Fatness and Cancer — Viewpoint of the IARC Working Group

Béatrice Lauby-Secretan, Ph.D., Chiara Scocciati, Ph.D., Dana Loomis, Ph.D., Yann Grosse, Ph.D., Franca Bianchini, Ph.D., and Kurt Straif, M.P.H., M.D., Ph.D., for the International Agency for Research on Cancer Handbook Working Group

In April 2016, the International Agency for Research on Cancer (IARC), based in Lyon, France, convened a working group to reassess the preventive effects of weight control on cancer risk. (The members of the working group for volume 16 of the IARC Handbooks are listed at the end of this article; affiliations are provided in the worldwide were caused by overweight and obesity; on the basis of recent estimates, the obesity-related cancer burden represents up to 9% of the cancer burden among women in North America, Europe, and the Middle East.⁴ Body fatness and weight gain throughout the life course are largely determined by modifiable lifestyle factors, such as excess




Scottish Cancer Taskforce

Prevention and the Health Promoting Health Service (HPHS)

Dr Aileen Keel CBE
Acting Chief Medical Officer

Every health care contact is a health improvement opportunity



ActWELL

Are you attending for breast screening today?

ActWELL is a **research study** for **WOMEN** invited for breast screening offering the opportunity to take part in a free, personalised lifestyle programme.


You may reduce your risk of developing breast cancer by following a healthy lifestyle.

- Maintaining a healthy weight
- Keeping physically active

If you'd like to take part please leave your contact details, or you can call or email the research team:


Aberdeen: 01 224 554499 | Dundee: 01382 632287 | Edinburgh: 0131 537 3387 | Glasgow: 0141 232 7630 | actwellstudy@dundee.ac.uk

www.ActWELLstudy.org




ActWELL Research 17, 18 May 2017

BEATING CANCER: AMBITION AND ACTION



The Scottish Government
March 2016



Consultation responses/ Evidence to Health and Sport Committee



The image is a composite of three parts. On the left, there are two consultation document covers. The first is orange and titled 'Minimum Unit Pricing of Alcohol' with the subtitle 'Consultation Document'. The second is green and titled 'A Healthier Future – Action and Ambitions on Diet, Activity and Healthy Weight' with the subtitle 'Consultation Document'. Both covers feature the 'Improving Scotland's Health' logo, which is a stylized heart shape formed by two overlapping lines. On the right is a screenshot of the Scottish Parliament website. The page title is 'Preventative Agenda'. The navigation menu includes 'Home', 'Parliamentary Business', 'MSPs', 'Visit & Learn', 'Getting Involved', 'News & Parliament TV', and 'About the Parliament'. The main content area is titled 'About the Inquiry' and features a photograph of a hand holding a calculator over a newspaper. Below the photo, the text reads: 'Remit: To seek evidence on and analyse preventative spend through a series of short inquiries on specific health-related topics.' The 'Background' section mentions 'SPICe briefing, Preventative Spend and the Northern Ireland Assembly's Research (RAISE) Paper, Preventative Expenditure highlight that there are definitional issues around the use of the terms preventative spend and preventative expenditure. It is therefore necessary for the Committee to be clear about the intended reach and possible outcomes desired from this work.' It also lists previous considerations and provides links to external documents: 'The Christie Commission – Commission on the Future Delivery of Public Services (external site)', 'Audit Scotland – Changing Models of Health and Social Care (external site)', and 'Scottish Parliament Finance Committee – Report on Preventative Spending (2010)'. The 'Initial Approach' section states: 'The Committee will hold an initial evidence session where the main features and pitfalls of using preventative spend as a means of scrutinising expenditure on health can be outlined. A general call for evidence will be issued to help inform the initial understanding and ensure clarity around about what the committee is seeking to achieve with this inquiry.'

BEHIND THE HEADLINES

Reduce cancer risk with a few simple changes

SPECIAL REPORT

With World Cancer Day around the corner, Julie Currie finds out what we can do to safeguard against the dreaded disease

If doctors invented a pill which could reduce your chances of breast cancer by 30 per cent and bowel cancer by a staggering 45 per cent, we'd all be standing in line for it.

But the truth is we all have it in our power to do just that – right now.

And on World Cancer Day on February 4, the World Cancer Research Fund hopes people will finally take heed of its prevention message.

Simply by making a few lifestyle changes, we could all help safeguard ourselves against the dreaded disease.

For while outcomes for cancer patients are now far better than they were just a decade ago, none of us wants to be diagnosed.

Professor Annie Anderson knows this only too well.

As co-director of the Scottish Cancer Prevention Network and Professor



Dundee, she's met hundreds of patients with the disease.

Annie is also a World Cancer Research Fund (WCRF) grant panel member which uses the charity's findings to help decide the research projects relating to cancer and cancer prevention it funds and supports.

On Monday, February 5, the Scottish Cancer Prevention Network will host its seventh successful conference on the disease, the event is already a sell-out.

Among the speakers at that event – which takes the World Cancer Day theme of 'We Can, I Can' – will be patients with cancer, NHS professionals, health students and Scotland's

And the conference's theme is one Annie is very keen to get across to readers. She said: "There's a huge amount of evidence showing the links between lifestyle and cancer – billions have been spent on this evidence."

"But it's not good enough to have it in journals some of the most important jobs the SCPN does is communicate that to people via its quarterly newsletter and annual conference, which coincides with World Cancer Day."

"Smoking is still top of the bill in terms of risk factors, followed by obesity and diet and physical activity."

"If you deal with all three of those factors, you're really

The consultation will end on January 31.

"Two thirds of Scotland's population has excess body weight and are physically inactive," said Annie.

"We don't have a brilliant diet, with too much processed meat in sausages and pies and we also like our booze."

"So it's little wonder really that bowel cancer is one of the most common in Scotland."

"The biggest risk factor in terms of bowel cancer is diet and we all eat too little dietary fibre, found in wholegrains, cereals and pulses."

"That's where retailers come into the equation. We need price promotions on wholegrain foods and fruit and vegetables to help make it more desirable for those on a limited budget."

"The 'We Can, I Can' theme was chosen for World Cancer Day because we all need to work together to improve the



Steps to reduce your cancer risk... eating well, getting exercise and retaining a healthy weight are all proven to lower your risk of cancer.

we can all do, at no expense, other than a wee bit of time.

"Even that small change in your daily routine can make a huge difference."

Cancer prevention is something that many health professionals and charities regularly promote.

Among their number is Dr Christopher Wild, director of the International Agency for Research on Cancer (IARC), which is part of the World Health Organisation.

He said: "We cannot treat our way out of the cancer problem."

"We need a balanced and integrated approach to prevention, early detection and treatment."

Annie believes prevention is also better than cure when it comes to cancer diagnoses.

She added: "Outcomes are improving, with cancer

screening programmes helping to detect the disease earlier, which means people are surviving much longer."

"But there's not one patient who has been diagnosed with cancer who doesn't wish it could have been prevented in the first place."

"We need support to help make sure prevention is possible for everyone, regardless of their budget."

"We can do a lot for ourselves but there's a wider picture too – we're surrounded by cheap junk food and that needs to change."

For more information on



We Can, I Can 2018

Communicating science alone
is not enough



Current Subscribers
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SIGN UP NOW!!!

  @thescpn #WeCanICan #SCPN2017

thescpn.org

The People Walker



A budding actor in Hollywood, Chuck McCarthy, has set himself up in business as a 'People Walker'. Once McCarthy posted his signs around town, the phone started ringing and he discovered there is a market for accompanying people on a walk. So who is willing to pay when walking is something you can do for free? It appears to be more about the comradery that comes from the walk. While walking is great exercise, people like to walk and talk (although Chuck tries to listen more than talk). Charging by the mile, it's a business that is quite literally a walk in the park!

We pay our dog walkers so what is wrong with a people walker?

Say 'aye' to going dry!

Waking up on a New Year's Day sober was different and I felt particularly smug

'Our children's heroes shouldn't be billboards and ambassadors for alcohol brands'


Is it time to rethink all the sugar related fundraising activities?



we have the additional challenge of the bake sale for cancer research... who would not participate but are there alternatives? We thought it might be fun to look at ways to fund raise that didn't involve consuming sugar for your country! We have taken our suggestions from the experts - charities who have huge experience in what works to raise much needed funds (**CRUK, WCRF, Nutrition Action**). There are hundreds of examples to choose from so we've just given you a few of our favourites but we're sure you could think of many others to assist your fundraising efforts.

- Activity based fundraisers - walk-a-thons, fun runs, football match / five a



SCPN  **Scottish Cancer Prevention Network**

Have you noticed how difficult it can be to attain your daily health eating plans, activity goals and smart thinking on days when you have meetings greater than 4 hours that span lunchtime?

The SCPN has developed a scorecard which focuses on ten highlights that regular meeting attendees agree represent important examples of good practice for healthy meetings. They do not include every aspect of a healthy diet, or active living, but provide a brief checklist to help support meeting organisers.

We are focusing on some specific aspects of meetings that can be relatively easily assessed, although there are other issues like portion sizes, avoiding sponsorship by food and drink companies, and sustainability considerations (e.g. plastic crockery/ local food/minimal waste) that are also important. Good taste and adequate quantities mustn't be forgotten, and we also recognise the need to try and promote meetings that are well served by public transport.

You can help support healthier meetings by:

- discussing the checklist with meetings' chairs
- providing feedback (your scorecard) to the organiser of meetings
- sharing your experiences of good practice with the SCPN
- helping us to promote, disseminate and reward examples of good practice

Please tell us about your experience of any meetings lasting over 4 hours and encompassing lunch:

Name of meeting: _____
 Venue: _____
 Date: _____

	Yes	No
1. Fresh drinking water available at all times		
2. Fruit available for all (in easy to eat servings)		
3. Vegetables available for all (in easy to eat servings)		
4. Bread, grains, rice, pasta etc. (mostly in wholegrain form)		
5. Low calorie, deep-fried items, creamy sauces or dips		
6. No sweets or savoury snacks (e.g. VERY SMALL portions of traditional desserts or yogurts and/or fruits)		
7. Opportunities for hourly brief "comfort breaks" (e.g. walking, cycling)		
8. Chair encouragement to move, stand and/or stretch during the meeting (where feasible, not too disruptive and in keeping with participants' abilities and disabilities)		
9. Directions to the meeting promoting ACTIVE travel (e.g. walking, cycling)		
10. Always provide fruit		

Comments: _____

Your name: _____
 Your email address: _____

Please return this form to:
 SCPN, Mailbox 7, Level 2,
 Ninewells Hospital & Medical School,
 Dundee, DD1 9SY.
 Email: healthymeetings@cancerpreventionscotland.org.uk

Healthy Meetings Practical tips and ideas to get started

Fresh drinking water available at all times

- Provide covered jugs of fresh, cold tap water on tables, or within walking distance of seats
- Make water available at all times

Fruit available for all

- Offer easy to handle items (like bananas, kiwi slices, grapes and berries)
- Offer bite sized portions of fruit on skewers (pineapple, oranges or melon)
- Try to make use of seasonal and local fruit

Vegetables available for all

- Make vegetable available to all, in easy to eat serving sizes
- Offer easy to handle items (like cherry tomatoes, carrot and pepper sticks)
- Offer vegetable or pasta based soups (such as lentils)
- Provide a non-meat/dairy option (such as beans or lentils)
- Try to make use of seasonal and local vegetables

Breads, grains, rice, pasta and breakfast cereals (mostly in wholegrain form)

- Offer wholemeal bread and rolls, and rye bread
- Offer wholemeal pasta (not in a salad)
- Offer wholegrain crackers

No pastries, deep-fried items, creamy sauces or dips

- Offer bread, pastries, rolls, scones, salads or cereals
- Offer low fat milk, smoothies, soups, salads or cereals

Low calorie desserts (150 calories)

- Provide low fat milk, smoothies, soups, salads or cereals
- If desserts are provided, offer SMALL portions (preferably fruit based) or yogurts

No sweets and snacks

- Avoid serving sweets or crisps on delegate tables

Directions to the meeting promoting ACTIVE travel

- Offer small bag, sandwiches, nutella slices, soups, salads or cereals
- Always provide fruit
- If desserts are provided, offer SMALL portions (preferably fruit based) or yogurts
- Be aware of charitable, caramel, cream and coffee desserts of any size (look out for 'traffic light' labelling if available)

Chair encouragement to move, stand and/or stretch during the meeting

- Use natural breaks between agenda items or presentations
- Most rooms offer people to stand at the side without causing a disruption or blocking views
- Be sensitive to ability and disability level

Directions to the meeting promoting ACTIVE travel


- Plan in advance to encourage walking, cycling, public transport
- Indicate the meeting, provide directions for the best walking and cycling routes
- Give walking directions from public transport

Opportunities for hourly, brief "comfort breaks" (for stretching and standing etc.)

- Use natural breaks between agenda items or presentations
- Most rooms offer people to stand at the side without causing a disruption or blocking views
- Be sensitive to ability and disability level

Chair encouragement to move, stand and/or stretch during the meeting

- Use natural breaks between agenda items or presentations
- Most rooms offer people to stand at the side without causing a disruption or blocking views
- Be sensitive to ability and disability level

SCPN  **Scottish Cancer Prevention Network**
 Putting Prevention First

The Scottish Cancer Prevention Network is focused on using evidence on cancer risk reduction to generate the practice and policy foundation (SCD28300).

Want to get involved?

Visit our website for more information: www.cancerpreventionscotland.org.uk
 Or Twitter: [@thescpn](https://twitter.com/thescpn) and use #healthymeetings to see and/or take part in discussions. Join our network to receive our quarterly newsletter, an update to reduce cancer in Scotland, and up to date news on events. Sign up to our website, or send us an email with your name to scpn@scotlandscancerprevention.org.uk

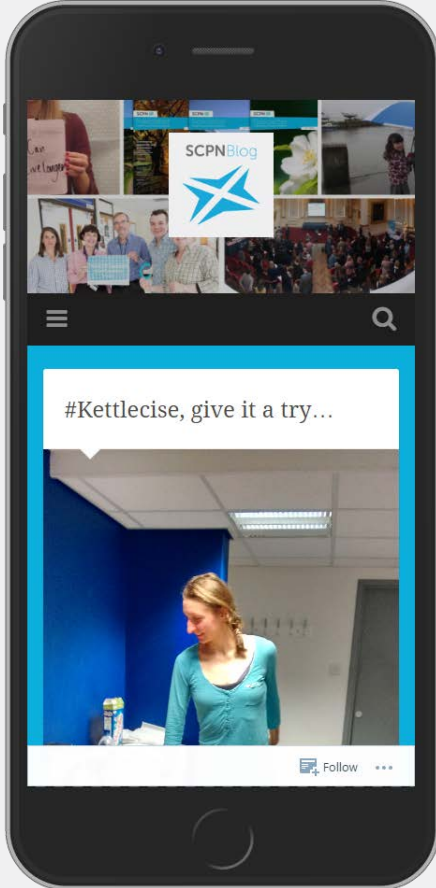
Additional forms available from: www.cancerpreventionscotland.org.uk

SCPN #Kettlecise #004

Ketttlunges

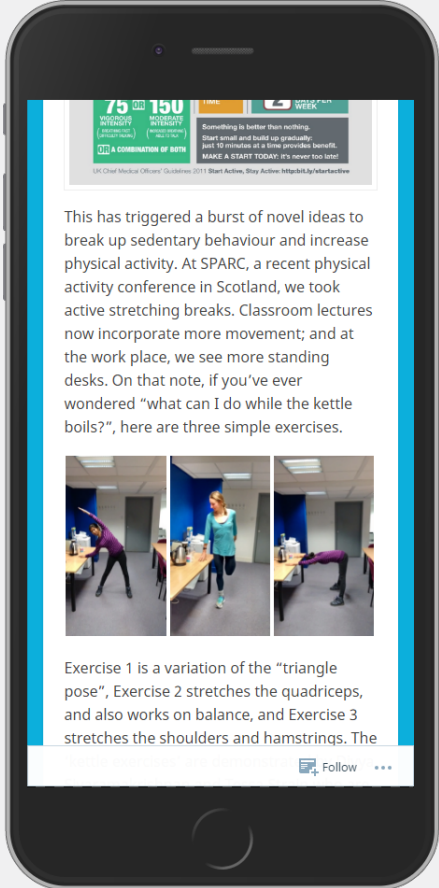


Start with your feet together. Take a step forward with your left leg and let it bend to 90°. Then, push back to the starting position and repeat with the opposite leg. Repeat sequence until kettle boils!




#Kettlecise, give it a try...

Follow



75% of the population are sedentary. 150 minutes of moderate intensity physical activity per week. Something is better than nothing. Start small and build up gradually. First 30 minutes of a slow gradual success. MAKE A START TODAY! It's never too late! UK Chief Medical Officers' Guidelines 2011 Start Active, Stay Active: <http://bit.ly/startactive>

This has triggered a burst of novel ideas to break up sedentary behaviour and increase physical activity. At SPARC, a recent physical activity conference in Scotland, we took active stretching breaks. Classroom lectures now incorporate more movement; and at the work place, we see more standing desks. On that note, if you've ever wondered "what can I do while the kettle boils?", here are three simple exercises.



Exercise 1 is a variation of the "triangle pose". Exercise 2 stretches the quadriceps, and also works on balance, and Exercise 3 stretches the shoulders and hamstrings. The

Follow



Accepted: 17 December 2017
DOI: 10.1111/ecc.12823

ORIGINAL ARTICLE

WILEY Interdisciplinary Journal of Cancer Care

Cancer prevention—the feasibility and acceptability of promoting breast cancer risk reduction in the screening setting through a lifestyle magazine

Maureen Macleod PhD BSc RGN SCM, Research Fellow, The Scottish Cancer Prevention Network  | Annie S. Anderson PhD BSc SRD FRCP (Edin), Co-director, The Scottish Cancer Prevention Network

Centre for Research into Cancer Prevention and Screening, Ninewells Hospital & Medical School, University of Dundee, Dundee, UK

Correspondence
Annie S. Anderson, Centre for Research into Cancer Prevention and Screening, Ninewells Hospital & Medical School, University of Dundee, Dundee, UK.
Email: a.anderson@dundee.ac.uk

Financing Information

Cancer prevention and early detection strategies are fundamental to reducing breast cancer burden. Offering prevention guidance on modifiable risk factors within early detection settings is rare. We aimed to evaluate the acceptability of a magazine focused on lifestyle and cancer prevention for use in breast screening clinics. A lifestyle magazine was developed and distributed within two breast screening settings in the West of Scotland over a 2-month period. Women were either offered the magazine on arrival or in a self-service format. Uptake was recorded by NHS staff. Women's

Funding information

The study was funded by the Scottish Government's Detect Cancer Early programme to the Scottish Cancer Foundation (<http://scottishcancerfoundation.org.uk/>)

Follow our blog at scpnblog.wordpress.com



The Japanese Diet (aka *The Healthy Diet*)

By Kellie Anderson
@foodtoglow
15th January 2017

"Along with Mediterranean Diet, The Japanese Diet has become well-used shorthand for 'healthy diet'. To us, it tends to mean plenty of fish, sea vegetables, rice and little meat and dairy.

The Japanese are among the most long-lived (87 years as an average), and on a recent trip to Japan, this was certainly evident. Everywhere we went there were quite elderly women and men going about daily tasks – shopping, meeting friends for tea, exercising together and even cleaning their front steps and gardens with reed brooms."

<https://thescpn.org/japanese-diet>



#Kettlecise, Give it a try...

By Divya Sivaramakrishnan & Prof
Nanette Mutrie MBE. @UoE_PAHRC
01st February 2017

"The gloomy atmosphere caused by the global political and social state of affairs has brought a droop to our shoulders and a crease to our brows. What can we do to lift our spirits? A nice long walk perhaps? Relaxing yoga stretches, a peppy dance move, a refreshing bike ride? We feel better already!

In addition to being an energising mood booster, physical activity offers a host of physiological and mental benefits. We also have strong evidence that physical activity can play a preventative role in both breast and colon cancer (Lee et al., 2012)."

<https://thescpn.org/kettlecise-blog>



Scottish Obesity Strategy - Scottish Voices

By Mike Lean
@MEJLean
24th February 2017

"You cannot solve any complex multifactorial disease problems with 5 actions, or political selections from 5 'key' actions proposed by experts. However, after complete lack of success with our most common and most expensive single disease, despite Scotland having led the world with our SIGN evidence-based obesity guidelines, it is high time to start. Here are 5 steps for starters, largely based on those SIGN guidelines.

1. Government commitment: Only with minister-led policy, and expert guidance, can a strategy, and then appropriate..."

<https://thescpn.org/scottish-voices>



Paper of the Year 2017: Ann Gates

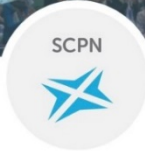
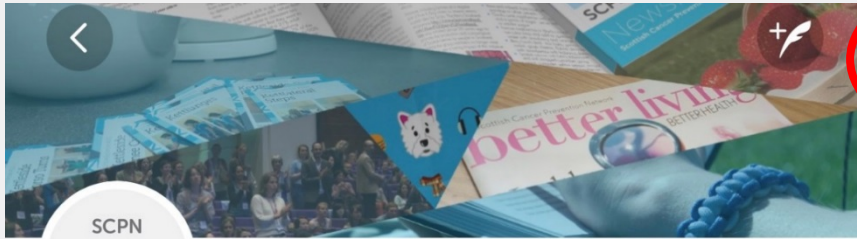
By Ann Gates
@exerciseworks
11th December 2017

"This meta-analysis of 113 unique studies (11, 525 unique participants) found that exercise and psychological interventions and the combination of both reduce cancer-related fatigue during and after cancer treatment. Reduction was not due to time, attention, or education. In contrast, pharmaceutical interventions do not improve cancer-related fatigue to the same magnitude.

These findings provide the basis for making sure every NHS contact counts in cancer care regarding this debilitating symptom. What is particularly interesting is that the findings..."

<https://thescpn.org/ann-gates>

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Edit profile

The SCPN

@thescpn

The Scottish #CancerPrevention Network is focused on moving evidence on cancer risk reduction into everyday life, practice & policy. Supported by @ScotCancerFn.

Scotland

cancerpreventionscotland.org.uk

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The SCPN @thescpn · 5d
The latest SCPN newsletter is available from our website thescpn.org/2na6BJM Please enjoy!



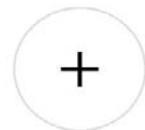
366 posts

515 followers

1,105 following

Promote Edit Profile

Cancer Prevention Scotland
Nonprofit Organization
The Scottish Cancer Prevention Network. Bringing you healthy living ideas 💡 nutritious recipes 🍎 & helpful information 📖 on how to help prevent Cancer.
thescpn.org/2riLbPV



New



Fruit & Veg



Exercise



Recipes

Call

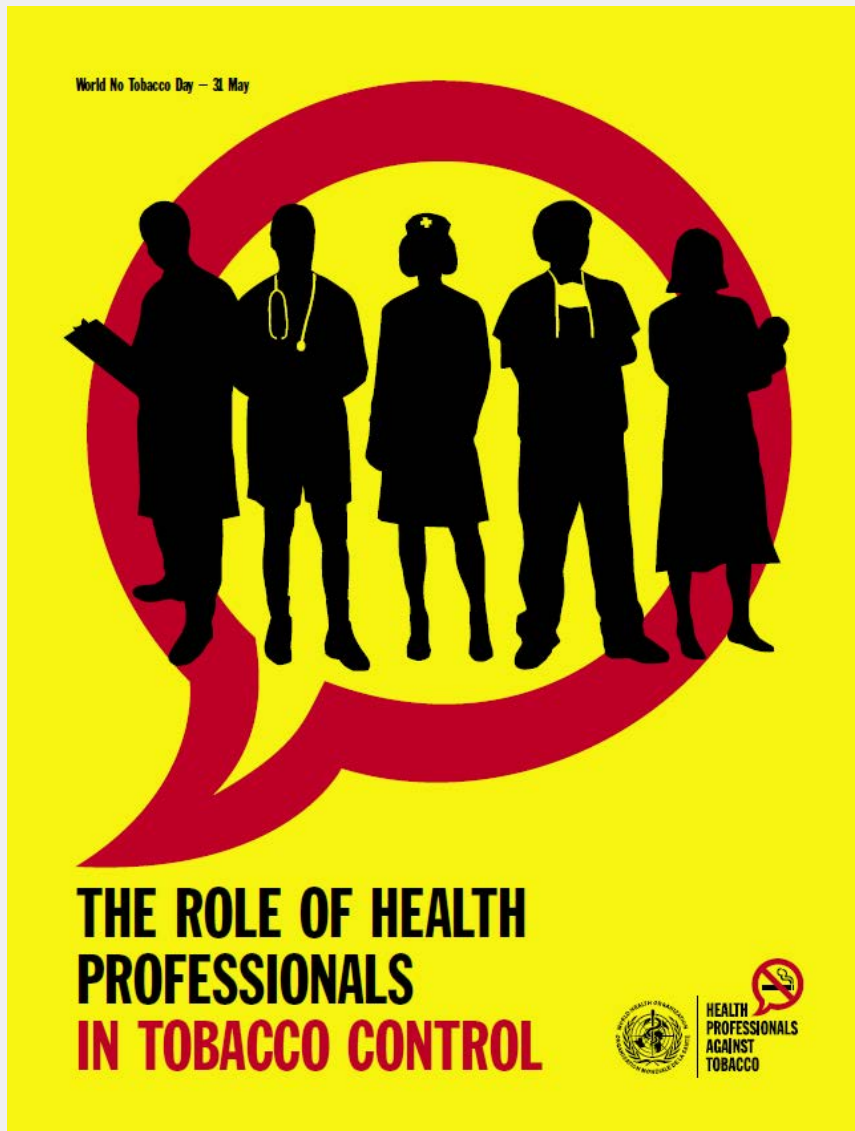
Email



Do we wait for policy changes which will impact on society and...

...ignore 70% of our adult population who have increased risk for cancer due to lifestyle factors?

- Keep quiet?
- Duty of care?



Champions



2017
Art &
Design
Prize-
winners



2017 Bursary Award

Winner:

Ehsan Salim: 4th Year Medical Student,
University of Dundee

Where:

Gastrointestinal (GI) surgical ward,
Royal Adelaide Hospital (RAH),
Adelaide, Australia

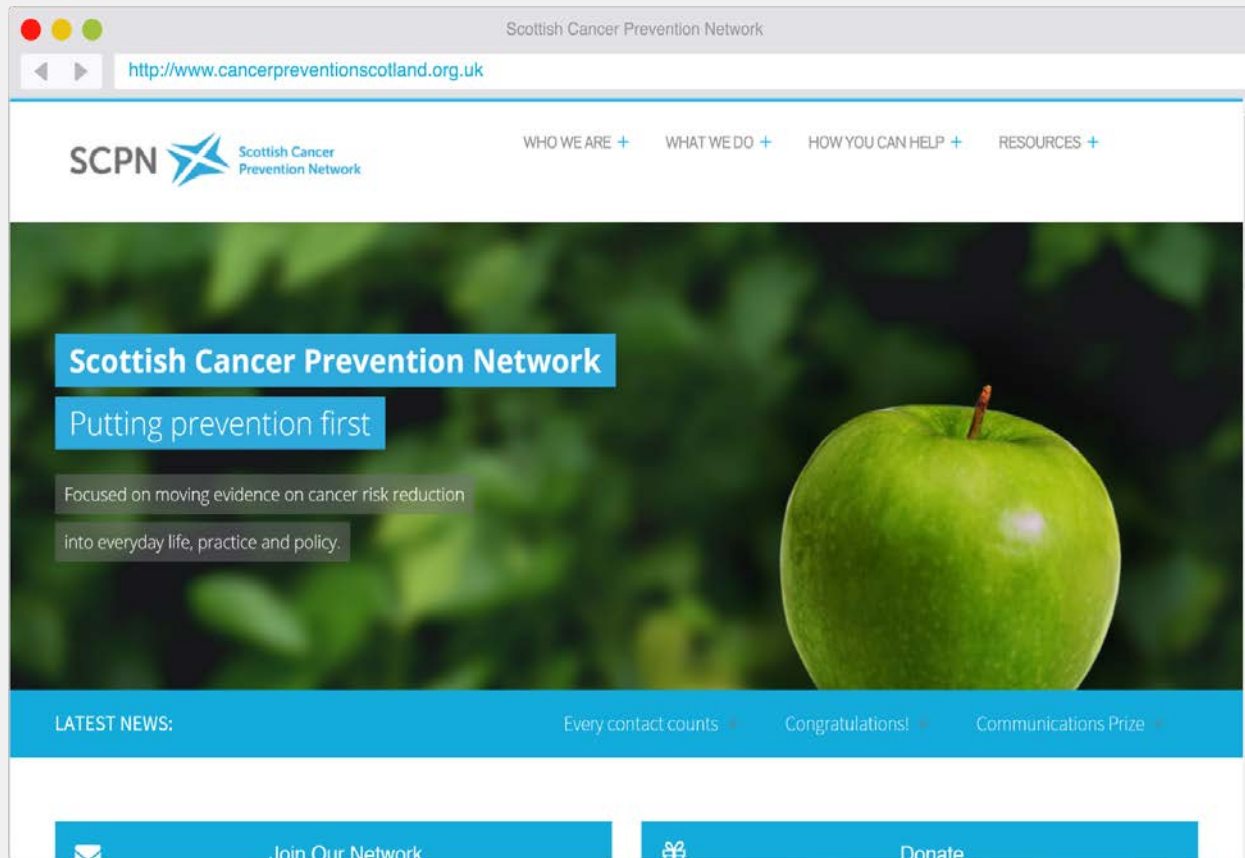
Lessons learned:

The vastness of referral areas leads to challenges in engagement with health care due to the distances to travel.

The lack of a 'national' health service.

Health promotion activities tend to concentrate on urban populations so lower awareness of bowel cancer and the benefits of screening in rural areas.





Visit our website to access more from the SCPN, including newsletter articles, recipes and Healthy Meetings - and to download today's presentations.

WE CAN. I CAN.
INSPIRE ACTION, TAKE ACTION



JOIN US IN 2018
worldcancerday.org

#WorldCancerDay
#WeCanICan



Welcome!!